



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E339247**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
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CASE #	14-01532
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N E S W	IN OF	CITY #
DATE OF COLLISION 07 - 03 - 2014	1259	31				0864

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9 SE	BLOCK NO. <input checked="" type="checkbox"/>	400
MILE POST		

DISTANCE	OF (REFERENCE OR CROSS STREET)
	4TH STREET SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	TUINGA	FIRST NAME	MICHAEL	MIDDLE INITIAL	R
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	8604 11TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	TUINIMR140L3	STATE	WA	SEX	M	D.O.B.	06 - 23 - 1986
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ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B37636T	STATE	WA	VIN#	1FTCR15X6RPC62558
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1994	MAKE	FORD	MODEL	R10PU	STYLE	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	ANGEL TRANSPORT	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MICHAEL TUINGA 8604 11TH PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	4Z0633156	CHARGE	RECKLESS DRIVING/DWLSR 3
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>					



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253442845
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LAST NAME	MALLARE	FIRST NAME	LACY	MIDDLE INITIAL	M
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STREET NEW ADDRESS <input type="checkbox"/>	2430 108TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982585176
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	MALLALM138CB	STATE	WA	SEX	F	D.O.B.	02 - 02 - 1987
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ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	CLAIMED SORE NECK
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LICENSE PLATE #	AEN7519	STATE	WA	VIN#	1NXBR30E37Z771630
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2007	MAKE	TOYT	MODEL	COR4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LACY MALLARE 8412 6TH PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E339247

CASE #

14-01532

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NIELSEN HAILEY J														
ADDRESS & PHONE #		2430 108TH AVE SE LAKE STEVENS WA 982585176 4253442845														
SEX		F		D.O.B. MMDDYYYY		02		26		2008						
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	1	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		GOO LOUISE K														
ADDRESS & PHONE #		2430 108TH AVE SE LAKE STEVENS WA 982585176 4258305788														
SEX		F		D.O.B. MMDDYYYY		06		26		2007						
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	8	AIRBAG	1	RESTR.	2	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		GOO LEILA H														
ADDRESS & PHONE #		2430 108TH AVE SE LAKE STEVENS WA 982585176 4258305788														
SEX		F		D.O.B. MMDDYYYY		05		10		2010						
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	1	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

See attached narrative/case report #14-01532

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Traffic Control: RIGHT TURN ONLY

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-04-14 10:37 AM

DATED

PLACE SIGNED

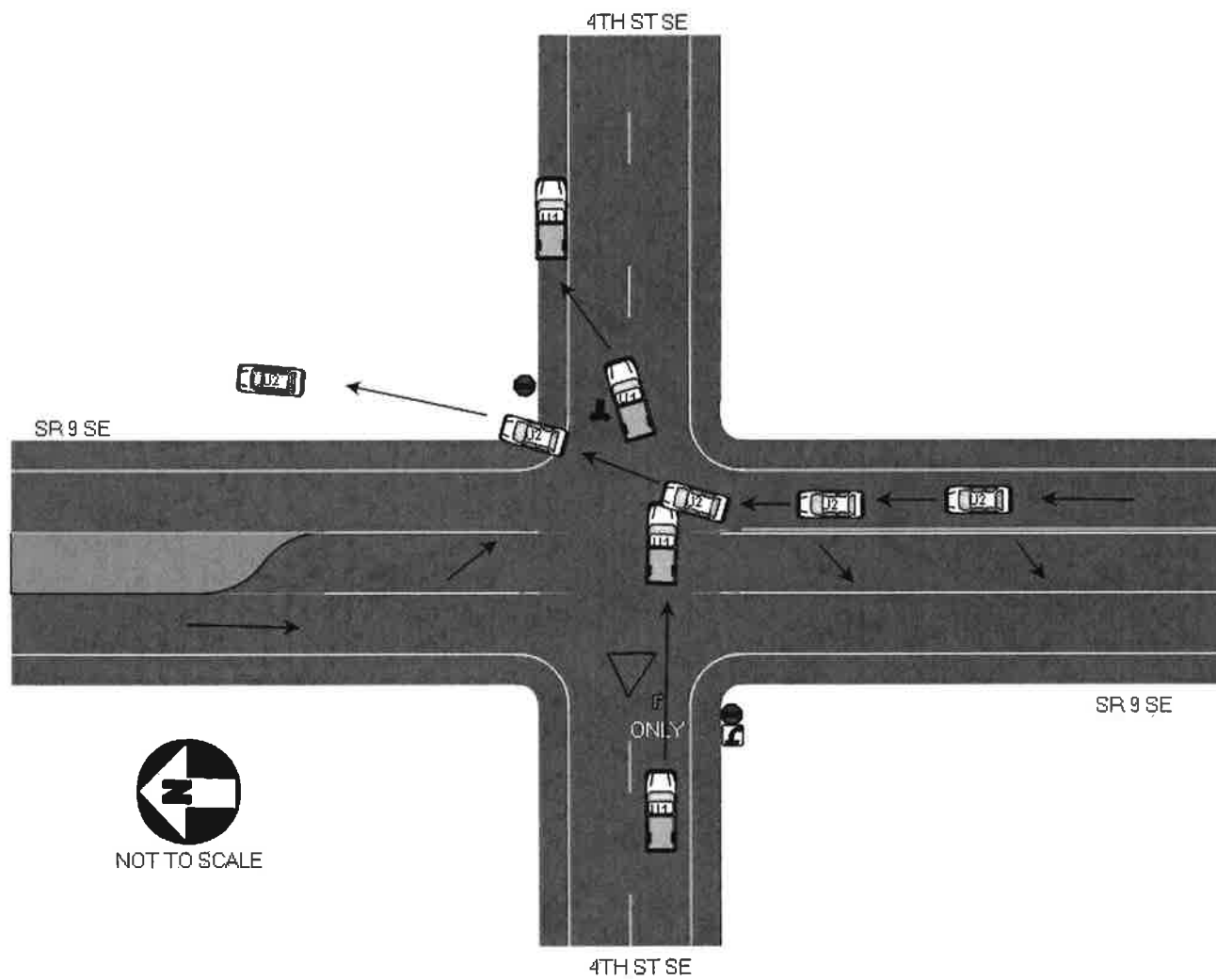
APPROVED BY

ROBERT MINER 095

DATE

7/4/2014 11:06:56 AM

BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	1:00 PM	TIME POLICE ARRIVED	1:04 PM
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## CRIMINAL

☒ TRAFFIC ☐ NON-TRAFFIC

L.E.A. ORI # WA0311900

COURT ORI # WA031031J

420633156

REPORT # 14-01532

IN THE DISTRICT OF ☒ MUNICIPAL COURT OF  
STATE OF WASHINGTON COUNTY OF

MARYSVILLE MUNICIPAL COURT

LAKE STEVENS

PLAINTIFF VS. NAMED DEFENDANT

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.  
(SCANNED/DIY ONLY)  
TUJNIMR140L3STATE WA EXPIRES  
06-23-18PHOTO ID MATCHED  
☒ YES ☐ NONAME: LAST  
TUNINGAFIRST  
MICHAELMIDDLE  
RICHARD

SFX

CDL  
☐ YES ☐ NO

ADDRESS 8604 11TH PL SE

STATE WA EXPIRES  
06-23-18PHOTO ID MATCHED  
☒ YES ☐ NONAME: LAST  
TUNINGAFIRST  
MICHAELMIDDLE  
RICHARD

SFX

CDL  
☐ YES ☐ NO

EMPLOYER

RACE W SEX M

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

DATE OF BIRTH  
06-23-86

RACE W SEX M

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

VIOLATION DATE  
ON OR ABOUT 07/03/2014 13:47

RACE W SEX M

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

VEHICLE NO  
B37636TSTATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TR #1 LIC NO

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

OWNER/COMPANY IF OTHER THAN DRIVER

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

ADDRESS

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

ACCIDENT

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

POSSIBLE INJURY

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

1. VIOLATIONS/STATUTE CODE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

2. VIOLATIONS/STATUTE CODE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

3. VIOLATIONS/STATUTE CODE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

4. VIOLATIONS/STATUTE CODE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

5. VIOLATIONS/STATUTE CODE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

RELATED #

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

MANDATORY COURT APPEARANCE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SERVED ON VIOLATOR

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SENT TO COURT FOR MAILING

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

CRIMINAL CITATION

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

MANDATORY COURT APPEARANCE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SERVED ON VIOLATOR

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SENT TO COURT FOR MAILING

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

CRIMINAL CITATION

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

MANDATORY COURT APPEARANCE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SERVED ON VIOLATOR

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SENT TO COURT FOR MAILING

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

CRIMINAL CITATION

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

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CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

MANDATORY COURT APPEARANCE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

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EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

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(425)346-8330

WORK PHONE NO.

TICKET SERVED ON VIOLATOR

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SENT TO COURT FOR MAILING

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

CRIMINAL CITATION

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

MANDATORY COURT APPEARANCE

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

TICKET SERVED ON VIOLATOR

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

CRIMINAL CITATION

STATE WA EXPIRES  
02-28-15

HEIGHT 6'02"

WEIGHT 205

EYES BRO

HAIR SR 9 SE

RESIDENTIAL PHONE NO.

CELL/PAGER PHONE NO.  
(425)346-8330

WORK PHONE NO.

MANDATORY COURT APPEARANCE

STATE WA EXPIRES  
02-28-15





# STATE OF WASHINGTON UNIFORM INCIDENT REPORT

<b>D A T A</b>	AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER <b>14-01532</b>	
	TYPE OF REPORT <input checked="" type="checkbox"/> PERSONS <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input checked="" type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:	
	INCIDENT CLASSIFICATION <b>Collision/Criminal Traffic</b>		PREMISES TYPE / NAME <b>Highway</b>		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	ADDRESS / LOCATION OF INCIDENT <b>SR 9 SE/4<sup>th</sup> St SE, LKS</b>				LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL	
<b>P E R S O N S / B U S I N E S S E S</b>	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO	
	MONTH <b>07</b>	DAY <b>03</b>	YEAR <b>14</b>	TIME <b>1259</b>	DOW <b>Thu</b>	MONTH <b>07</b>
	DAY <b>03</b>	YEAR <b>14</b>	TIME <b>1259</b>	DOW <b>Thu</b>	MONTH <b>07</b>	DAY <b>03</b>
	YEAR <b>14</b>	TIME <b>1259</b>	DOW <b>Thu</b>	MONTH <b>07</b>	DAY <b>03</b>	YEAR <b>14</b>
	TIME <b>1259</b>	DOW <b>Thu</b>	MONTH <b>07</b>	DAY <b>03</b>	YEAR <b>14</b>	TIME <b>1522</b>
	DOW <b>Thu</b>	MONTH <b>07</b>	DAY <b>03</b>	YEAR <b>14</b>	TIME <b>1522</b>	DOW <b>Thu</b>
	ADDL ON SUPP <input checked="" type="checkbox"/> PERSONS <input checked="" type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD	
	D - DECEASED RO - REG OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB	
	P - POLICE O - OTHER U - UNK					
	NO. <b>V</b>		NAME (LAST, FIRST, MIDDLE) <b>Mallare, Lacy, M</b>		RACE <b>W</b> ETH <b>F</b> SEX <b>F</b> DOB <b>020287</b> HGT <b>506</b> WGT <b>150</b> HAIR <b>RED</b> EYES <b>GRE</b>	
STREET ADDRESS <b>2430 108<sup>th</sup> Ave SE</b>		CITY <b>Lake Stevens</b>		STATE <b>WA</b> ZIP CODE <b>98258</b>		
RESIDENCE PHONE <b>425-344-2845</b>		BUSINESS PHONE		OCCUPATION		
SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		
TYPE INJ		VICTIM OF OFNS#		OFNDR#		
RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RELAT.				
NO. <b>A</b>		NAME (LAST, FIRST, MIDDLE)		RACE <b>W</b> ETH <b>F</b> SEX <b>M</b> DOB <b>062386</b> AGE <b>28</b> HGT <b>602</b> WGT <b>200</b> HAIR <b>BRN</b> EYES <b>BRN</b>		
STREET ADDRESS		CITY		STATE		
ZIP CODE		RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RELAT.		
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		
SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		
TYPE INJ		VICTIM OF OFNS#		OFNDR#		
RES. STATUS: F <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/> U <input type="checkbox"/>		RELAT.				
<b>S U S P E C T / S U B J E C T</b>	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES: A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING	
	I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER			
	NO. <b>A</b>		NAME (LAST, FIRST, MIDDLE) <b>Tuininga, Michael, R</b>		RACE <b>W</b> ETH <b>F</b> SEX <b>M</b> DOB <b>062386</b> AGE <b>28</b> HGT <b>602</b> WGT <b>200</b> HAIR <b>BRN</b> EYES <b>BRN</b>	
	ALIAS NAME(S)		IDENTIFIERS			
	STREET ADDRESS <b>5904 Highway Pl Apt 5</b>		CITY <b>Lake Stevens</b>		STATE <b>WA</b> ZIP <b>98258</b>	
	EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER	
	DRIVERS LICENSE / I.D. CARD NO:		STATE			
	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #	
	ARREST DATE		LOCATION OF ARREST		CHARGES	
	AFFILIATION		ON VIEW ARREST <input type="checkbox"/> Y <input type="checkbox"/> N		CITED <input type="checkbox"/> Y <input type="checkbox"/> N	
STATEMENT <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		
PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>				
JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N		NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE / TIME NOTIFIED		
NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>				
<b>V E H I C L E / T R L / B O A T</b>	VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input checked="" type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED	
	<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:	
	NO. <b>1</b>		LICENSE NUMBER <b>B37636T</b>		STATE <b>WA</b>	
	VIN / HULL NUMBER		YEAR <b>94</b>		MAKE <b>FORD</b>	
	MODEL <b>RANGER</b>		STYLE			
	COLOR <b>WHI</b>		SPECIAL FEATURES / DESCRIPTION		VALUE/STOLEN \$	
	DRIVER IS: <input checked="" type="checkbox"/> R / O <input type="checkbox"/> PERSON #:		REGISTERED OWNER'S NAME <b>Tuininga, Michael, R</b>			
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE <b>Angel Towing</b>		STATE TOW NO.	
	REGISTERED OWNER'S ADDRESS <b>5904 Highway Pl Apt 5, Lks</b>					
	LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N		KEYS IN VEHICLE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DELINQ. PAYMENT <input type="checkbox"/> Y <input type="checkbox"/> N	
VICTIM CONSENT <input type="checkbox"/> Y <input type="checkbox"/> N		THEFT INS. <input type="checkbox"/> Y <input type="checkbox"/> N		DRIVE-ABLE <input type="checkbox"/> Y <input type="checkbox"/> N		
DAMAGE TO VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N		SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 5 3 1 8 6 4 2		
DAMAGE EST <b>\$</b>						
<b>S I G N A T U R E</b>	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.					
	<input type="checkbox"/> RELEASED PROPERTY TO <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING					
	<input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input checked="" type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E)					
	SIGNATURE OF PERSON <b>N. Adams #127</b>					
<b>S T A T U S</b>	OFFICER NAME / NUMBER <b>N. Adams #127</b>		AREA <b>S</b>		OFFICER NAME / NUMBER	
	AREA		APPROVED BY <b>[Signature]</b>		ASSIGNED	
	FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS	
	<input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATA ENTERED <b>12/95</b>	
DATE						



# ADDITIONAL PERSONS / VEHICLES

LSPD  
ORIGINAL

AGENCY NAME <b>LAKE STEVENS POLICE DEPT.</b>				INCIDENT CLASSIFICATION <b>Collision/Criminal Traffic</b>				INCIDENT NUMBER <b>14-01532</b>															
ADDL ON SUPP		<input checked="" type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE		I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - LINK							
NO. V		NON-DISC.		NAME (LAST, FIRST, MIDDLE) <b>Nielsen, Hailey, J.</b>				RACE <b>W</b>		ETH		SEX <b>F</b>		DOB <b>022608</b>		HGT		WGT		HAIR		EYES	
STREET ADDRESS <b>2430 108<sup>th</sup> Ave Se</b>								CITY <b>Lake Stevens</b>				STATE <b>WA</b>		ZIP CODE <b>98258</b>									
RESIDENCE PHONE <b>425-344-2845</b>				BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ		VICTIM OF OFNS# OFNDR#		RELAT.					
NO. V		NON-DISC.		NAME (LAST, FIRST, MIDDLE) <b>Goo, Louise, K</b>				RACE <b>U</b>		ETH		SEX <b>F</b>		DOB <b>062607</b>		HGT		WGT		HAIR		EYES	
STREET ADDRESS <b>2430 108th Ave Se</b>								CITY <b>Lake Stevens</b>				STATE <b>WA</b>		ZIP CODE <b>98258</b>									
RESIDENCE PHONE <b>425-830-5788</b>				BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ		VICTIM OF OFNS# OFNDR#		RELAT.					
NO. V		NON-DISC.		NAME (LAST, FIRST, MIDDLE) <b>Goo, Leila Heather, L</b>				RACE <b>U</b>		ETH		SEX <b>F</b>		DOB <b>051010</b>		HGT		WGT		HAIR		EYES	
STREET ADDRESS <b>2430 108th Ave Se</b>								CITY <b>Lake Stevens</b>				STATE <b>WA</b>		ZIP CODE <b>98258</b>									
RESIDENCE PHONE <b>425-830-5788</b>				BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ		VICTIM OF OFNS# OFNDR#		RELAT.					
SUSPECT CODES:		A - ARREST R - RUNAWAY				S - SUSPECT M - MISSING				I - INSTITUTIONAL (MENTAL / DETOX)				X - OTHER									
NO.		NAME (LAST, FIRST, MIDDLE)				RACE		ETH		SEX		DOB		AGE		HGT		WGT		HAIR		EYES	
ALIAS NAME(S)						IDENTIFIERS																	
STREET ADDRESS						CITY				STATE		ZIP		RES. PHONE									
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE				SOCIAL SECURITY NUMBER				DRIVERS LICENSE / I.D. CARD NO.				STATE					
IJR ARREST OFFENSE NO.		BOOKED / WHERE				BOOKING #				CHARGES				CITATION / WARRANT # / AGENCY				BAIL					
ARREST DATE		LOCATION OF ARREST				1. M <input type="checkbox"/> F <input type="checkbox"/> 2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>				PCN / IDENTIFICATION NUMBER				MULTI CLEAR <input type="checkbox"/>									
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH				PCN / IDENTIFICATION NUMBER				MULTI CLEAR <input type="checkbox"/>					
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED				NOTIFIED BY:				DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>									
NO.		NAME (LAST, FIRST, MIDDLE)				RACE		ETH		SEX		DOB		AGE		HGT		WGT		HAIR		EYES	
ALIAS NAME(S)						IDENTIFIERS																	
STREET ADDRESS						CITY				STATE		ZIP		RES. PHONE									
EMPLOYMENT / OCCUPATION / SCHOOL						BUS. PHONE				SOCIAL SECURITY NUMBER				DRIVERS LICENSE / I.D. CARD NO.				STATE					
IJR ARREST OFFENSE NO.		BOOKED / WHERE				BOOKING #				CHARGES				CITATION / WARRANT # / AGENCY				BAIL					
ARREST DATE		LOCATION OF ARREST				1. M <input type="checkbox"/> F <input type="checkbox"/> 2. M <input type="checkbox"/> F <input type="checkbox"/> 3. M <input type="checkbox"/> F <input type="checkbox"/>				PCN / IDENTIFICATION NUMBER				MULTI CLEAR <input type="checkbox"/>									
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH				PCN / IDENTIFICATION NUMBER				MULTI CLEAR <input type="checkbox"/>					
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED				NOTIFIED BY:				DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>									
VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH.				<input type="checkbox"/> HOLD FOR:									
NO.		LICENSE NUMBER				STATE		VIN / HULL NUMBER				YEAR		MAKE		MODEL		STYLE					
COLOR		SPECIAL FEATURES / DESCRIPTION				VALUE \$				DRIVER IS: <input type="checkbox"/> R / O <input type="checkbox"/> PERSON #				REGISTERED OWNER'S NAME									
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY						TOW COMPANY NAME / ADDRESS / PHONE				STATE TOW NO.				REGISTERED OWNER'S ADDRESS									
LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>		KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>		VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>		DRIVE- ABLE Y <input type="checkbox"/> N <input type="checkbox"/>		DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 5 3 1 8 6 4 2		DAMAGE EST \$					

# **ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION Collision/Criminal Traffic	INCIDENT NUMBER 14-01532
NAME OF VICTIM(S) Lacy May Mallare Hailey J. Neilsen Louise K. Goo Leila Heather Goo		

**LSPD  
ORIGINAL**

## **OFFICER:**

On the date and time of this incident I was wearing a full Lake Stevens Police Department issued duty uniform which includes shoulder department patches and a chest badge which clearly identified me as a law enforcement officer. On the date and time of this incident I was operating a marked Lake Stevens Police Department patrol vehicle equipped with emergency overhead lights and audible siren. On the date and time of this incident I had legal authority to arrest. I'm currently certified to enforce the laws of the state of Washington and received my Peace Officer Certificate from the Basic Law Enforcement Academy and commissioned by the chief of the Lake Stevens Police Department.

## **NARRATIVE:**

On 07/04/2014 at 1300 hours (all times approximate) Officer Aukerman and I were dispatched to a vehicle collision at SR 9 SE and 4<sup>th</sup> ST SE in Lake Stevens. While en route dispatch said another caller was reporting subjects bleeding and screaming. When we arrived at 1304 hours I saw other officers already on scene including Officer Thor and fire talking to many people on the east side of SR 9 SE. Flares were already burning on SR 9 SE for traffic control. I saw a yellow car heading southbound on SR 9 SE which pulled over onto the northbound shoulder just north of where a white car was resting off the road. A man and woman jumped out and ran towards the officers and fire attending a small group of people. Officer Aukerman and I both put on reflective safety vests for traffic.

A white Toyota Corolla, plate AEN7519 WA, was off the road in the ditch facing north on the east side of SR 9 SE and north of 14<sup>th</sup> ST SE. The other vehicle involved was a Ford Ranger, plate B37636T WA, and was parked approximately 75 yards east of SR 9 SE on the west bound shoulder of 14<sup>th</sup> ST SE facing east.

I asked Officer Rutherford to talk with the other driver involved while I talked with the people riding in the Toyota. As fire was treating some of the victims I was able to talk to Alika Goo, the father of two of the passengers in the Toyota but who wasn't involved in the accident.

Goo had arrived on scene in the yellow car just before we got there. He identified his daughters, two of the passengers riding in the Toyota Corolla, as Louise K. Goo (DOB 06-26-2007) who was riding in the rear middle seat and Leila Heather Goo (DOB 05-10-2010) who was riding in the rear passenger side seat in a booster seat. I was able to confirm through another family member who arrived on scene with Goo that the third child riding in the Toyota was Hailey J. Neilsen (DOB 02-26-2008) who was riding in the rear driver side seat in a booster seat. Hailey is the daughter of Lacy May Mallare (02-02-1987) who was the driver of the Toyota, Unit 2.

Based on evidence and statements made at the scene it was determined Unit 1 was stopped at the stop sign, heading east, at 4<sup>th</sup> ST SE and SR 9 SE, posted as a right turn only. Disobeying the traffic control devices Unit 1

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER

**N. ADAMS #127**

APPROVED BY

*[Signature]*



**ADDITIONAL NARRATIVE**

<small>AGENCY NAME</small> <b>LAKE STEVENS POLICE DEPARTMENT</b>	<small>INCIDENT CLASSIFICATION</small> Collision/Criminal Traffic	<small>INCIDENT NUMBER</small> 14-01532
<small>NAME OF VICTIM(S)</small> Lacy May Mallare Hailey J. Neilsen Louise K. Goo Leila Heather Goo		

LSPD  
ORIGINAL

proceeded to drive straight across SR 9 SE hitting Unit 2, causing Unit 2 to drive into the ditch on the northeast corner of the intersection.

Mallare gave me her driver's license and registration but claimed she had no insurance. Officer Rutherford then gave me the ID card and registration from Unit 1, Michael R. Tuininga (DOB 06-23-1986), who also claimed to not have insurance. Upon further investigating the vehicle plates and both drivers involved in the accident through our mobile data terminal (MDT) Officer Aukerman and I affirmed a warrant for arrest for Tuininga. I handed Mallare back her driver's license and registration.

Alika Goo obtained a small crowbar and was able to bend back some metal around the front left tire of the Toyota and was able to drive it away.

Dispatch confirmed the warrant for Tuininga. I placed Tuininga in custody. See case report 14-01533 for the warrant arrest.

Officer Thor stayed with Tuininga's truck until Angel Transport and Towing came and impounded the vehicle. Officer Aukerman and I transported Tuininga to Snohomish County Jail at 1355 hours.

Once back at the department Officer Rutherford gave me a written statement containing no signature or any information describing who wrote it, when it was written or for what case it was regarding. I asked about the missing information on the form and Officer Rutherford said it was written by Tuininga but that he didn't fill in any other information in the boxes provided on the form. I asked if that was something I needed to fill in for Tuininga at this point since we was now at Snohomish County Jail, Officer Rutherford said yes. I filled in the boxes for the case number, name, race, sex, DOB, age, height, weight, hair and eye color and address and labeled the document as page 1 of 1 and included the document in the case file.

**ATTACHMENT:**

Statements from both drivers involved  
 Copy of citations and infraction to Tuininga  
 Copy of evidence document  
 Printed photos  
 Copy of Exchange of Information  
 Tow/Impound and Inventory Record  
 CAD runs

**END OF REPORT.**

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER  
**N. ADAMS #127**

APPROVED BY

*[Signature]* 95

**ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>VEHICLE COLL/DWLSR/RECKLESS DRIVING</b>	INCIDENT NUMBER <b>14-01532</b>
NAME OF VICTIM(S)		

**OFFICER:**

On the date and time of this incident I was wearing a full Lake Stevens Police Department issued duty uniform which includes shoulder department patches and a chest badge which clearly identified me as a law enforcement officer. On the date and time of this incident I was operating a marked Lake Stevens Police Department patrol vehicle. On the date and time of this incident Officer Adams #127 and I were working as a two officer patrol unit (field training Officer Adams). On the date and time of this incident I had legal authority to arrest. I have been a city of Lake Stevens Police Department Police Officer for over 14.5 years.

**FOLLOW UP NARRATIVE:**

On 07/03/2014 at about 1259 hours (all times approximate) I responded to a radio dispatched report of a vehicle collision involving possible injuries at the intersection of SR 9 SE and 4<sup>th</sup> Street SE in the city of Lake Stevens.

Arriving on scene I observed several fire, paramedic and police vehicles at the scene. The northbound lane of SR 9 SE was blocked by emergency vehicles and SR 9 northbound vehicle traffic was being diverted onto eastbound 4<sup>th</sup> Street. The southbound lane of SR 9 SE remained open.

I observed a white in color passenger car (displaying license Washington State #AEN7519) off the roadway, facing northbound, into the grassy portion of northbound SR 9 SE shoulder/ditch. I observed obvious damage to the front driver's quarter panel and driver's door (having the driver's door mirror missing).

I contacted the female driver of the white passenger car (AEN7519) which was off the roadway, who identified herself with a Washington State driver's license to be Lacy Mallare DOB 1987. Also in Mallare's vehicle at the time of the collision were three small children (ages 4-7 years old); all three being in the backseat; two being in booster seats.

At the time of the collision Mallare stated she does not have current vehicle insurance.

A second vehicle involved in the collision was found to be parked on the westbound shoulder of 4<sup>th</sup> Street, on the east side of SR 9, facing eastbound. This vehicle, a white in color pickup displaying Washington State license #B37636T, was stated to have been driven by Michael R. Tuininga DOB 1986; also being registered to Tuininga.

Tuininga had been identified by a Washington State identification card. At the time of the collision Tuininga was found to have a suspended/revoked driver's status in the third degree as of 6/02/2014 for FTA/UNPAID TKT and Tuininga stated he does not have vehicle insurance.

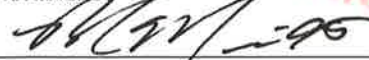
Based on evidence and statements at the scene, it is found that U1 was being driven by Tuininga (having no passengers) and that U2 was being driven by Mallare (having three juvenile passengers). U1 had been traveling eastbound on 4<sup>th</sup> Street SE and approached the intersection of SR 9 on the west side of the Highway. U2 had been

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER

W. AUKERMAN/#72

APPROVED BY




# ADDITIONAL NARRATIVE

AGENCY NAME <b>LAKESTEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>VEHICLE COLL/DWLSR/RECKLESS DRIVING</b>	INCIDENT NUMBER <b>14-01532</b>
NAME OF VICTIM(S)		

traveling northbound on SR 9 SE in a posted 55 mph speed zone and was approaching the intersection of 4<sup>th</sup> Street SE from the south.

At the intersection of SR 9 SE, vehicles traveling on SR 9 (north and south) do not have any traffic controls which direct drivers/vehicles to stop and/or yield. At the intersection of SR 9 SE and 4<sup>th</sup> Street, vehicles traveling eastbound on 4<sup>th</sup> Street SE (from the west side of SR 9) have traffic control devices which direct vehicle traffic to make ONLY a right had turn onto southbound SR 9; no left turns or cross traffic. Westbound traveling vehicles on 4<sup>th</sup> Street SE at SR 9 are directed by traffic control devices to make ONLY left and right turns onto SR 9; no cross traffic.

The traffic control devices for eastbound traveling vehicles on 4<sup>th</sup> Street at SR 9 SE consist of roadway markings/paint, a street sign and a raised paved center island which direct vehicle traffic and the lane to the right. There is also a clearly posted stop sign for eastbound 4<sup>th</sup> Street SE traffic to stop at the intersection of SR 9 SE. The traffic control devices are very clearly marked and understandable.

It should be stated that traffic control devices are put in place for the safety of persons/vehicles which travel through a hazardous area. Those who disobey very obviously posted and understandable traffic control devices do so with a willful and wanton disregard for the safety and property of others and/or themselves when traveling through a hazardous area.

It was found that U1, being driven by Tuininga eastbound on 4<sup>th</sup> Street SE, reached the intersection of eastbound 4<sup>th</sup> Street and SR 9 and then proceeded straight across SR 9 (eastbound) disobeying the traffic control devices which were clearly posted and understandable. As U1 entered into the intersection traveling eastbound, U2 also entered the same intersection traveling northbound on SR 9 SE. U1 was traveling at a speed around 10 mph while U2 was traveling around 50mph. The front of U1 struck the front driver's quarter panel of U2, a glancing collision, which resulted in the driver of U2 attempting to steer away from U1 (to the right/east) which resulted in U2 leaving the roadway and coming to final rest in the grassy shoulder/ditch of northbound SR 9 SE.

At the time of the collision the driver of U2 claimed her neck was getting sore; declining further medical treatment from paramedics on scene (signing a waiver). The three juvenile passengers from U2 were visibly shaken, crying and claimed to be scared. One of the juvenile passengers was the driver's daughter and the other two juvenile passengers where children from another set of parents who had also arrived at the scene of the collision. The driver of U1 claimed no injury and also declined further medical treatment from paramedics at the scene (signing a waiver).

U2 was driven from the scene and U1 was impounded (arrest/driver-registered owner DWLSR). Angel Transport arrived at the collision scene and impounded U1 (Officer Thor having completed the impound form and vehicle inventory). Officer Thor had also taken several digital images of the collision scene and involved collision vehicles. I later saved the digital images from the camera's SD card onto a CD and then logged the CD as evidence and secured the evidence CD at the Lake Stevens Police Department.

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>W. AUKERMAN/#72</b>	APPROVED BY 
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**ORIGINAL**

# **ADDITIONAL NARRATIVE**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>VEHICLE COLL/DWLSR/RECKLESS DRIVING</b>	INCIDENT NUMBER <b>14-01532</b>
NAME OF VICTIM(S)		

I completed the exchange of information, giving both drivers a copy of the information. Tuininga was given a copy of the vehicle impound form.

In regards to Tuininga's active arrest warrant, I requested dispatch confirm the arrest warrant. Dispatch advised the arrest warrant had been confirmed and shipped to the Snohomish County Jail.

At about 1345 hours Officer Adams contacted Tuininga, advised him he had a warrant for his arrest and placed him into custody without incident. Officer Adams secured Tuininga in a single set of handcuffs behind his back and searched Tuininga. Officer Adams then escorted Tuininga to our patrol vehicle where Tuininga was seated in the backseat and secured in a seatbelt. Officer Adams read Tuininga Miranda.

At about 1355 hours we transported Tuininga to Providence Medical Center Colby Campus in the city of Everett for a "clear to book" medical evaluation since Tuininga had been involved in a motor vehicle collision and was going to be booked into jail.

We arrived at the hospital around 1407 hours. Tuininga was seen by medical staff and received a "clear to book" status.

At about 1458 hours we transported Tuininga to the Snohomish County jail where he was to be booked into jail on his arrest warrant only.

Arriving at the jail I issued Tuininga a criminal citation and traffic infraction. The criminal citation was completed for reckless driving and operating a motor vehicle while having a suspended/revoked driver's status. The traffic infraction was completed for operating a motor vehicle without having current vehicle insurance.

I explained the criminal citation to Tuininga, informing him of his mandatory court appearance at Marysville Municipal Court on 07/08/2014 at 0830 hours and that failing to appear for court may result in a warrant being issued for his arrest. I then explained the traffic infraction to Tuininga. Tuininga claimed he understood the citation and infraction. I placed copies of the citation and infraction in Tuininga's personal property at the jail.

Entering the jail, jail staff took custody of Tuininga. I completed our portion of the booking process and cleared the jail.

**END OF REPORT.**

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER

**W. AUKERMAN/#72**

APPROVED BY

*[Signature]*

**ORIGINAL**



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01532

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Mallare Lucy May W	RACE W	ETH	SEX F	DOB 2-2-87	AGE 27	HGT 56	WGT 150	HAIR Red	EYES Green
STREET ADDRESS 2430 108th Ave SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-344-2845		PLACE OF EMPLOYMENT Rite Aid						
WORK PHONE 425-335-4513		EMAIL ADDRESS lucy.wilson498@yahoo.com								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling North <sup>on Hwy 9</sup> when a truck crossed Hwy 9. I tried to Slam on my brakes & move out of the way but it was too late after that I just tried to control the car best I could into the ditch. Automatically found my phone got out & dialed 911 & checked on the kids.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

*[Signature]*

DATE SIGNED

7-3-14

LOCATION SIGNED

Lake Stevens.

OFFICER/NUMBER:

DATE SIGNED

LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

ORIGINAL

PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01532

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Tuininga, Michael, R	RACE W	ETH	SEX M	DOB 06-23-86	AGE 28	HGT 602	WGT 200	HAIR BRN	EYES BRN
STREET ADDRESS 5904 Highway PL Apt 5		CITY Lake Stevens				STATE WA	ZIP 98258	RES. STATUS		
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS CROSSING HWY 9 FROM WEST TO EAST. WHEN I ACCELERATED I DID NOT SEE THE CAR TO MY RIGHT AND SHE TRIED TO AVOID ME BUT WE HIT & SHE SWIRL INTO DITCH.

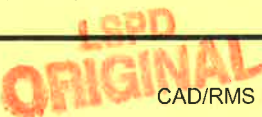
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUERMAN #72</i>		Case Number <i>14-01532</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>RECKLESS DRIVING</i>		Date/Time: <i>7-3-2014</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>1</i>	Item <i>CD-R</i>		Brand Name <i>COMPRESSORY</i>		Storage Location
Action # <i>3</i>	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found <i>400 SR 9 SE LKS</i>	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions <i>PICS</i>					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here



Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	



4-1



ON 4TH ST S/E

4-1



4-1



ORIGINAL

4-1







4-1



4-1



Looking N/B SR 9 @ 4-2



Looking N/B SR 9 @ 4-2

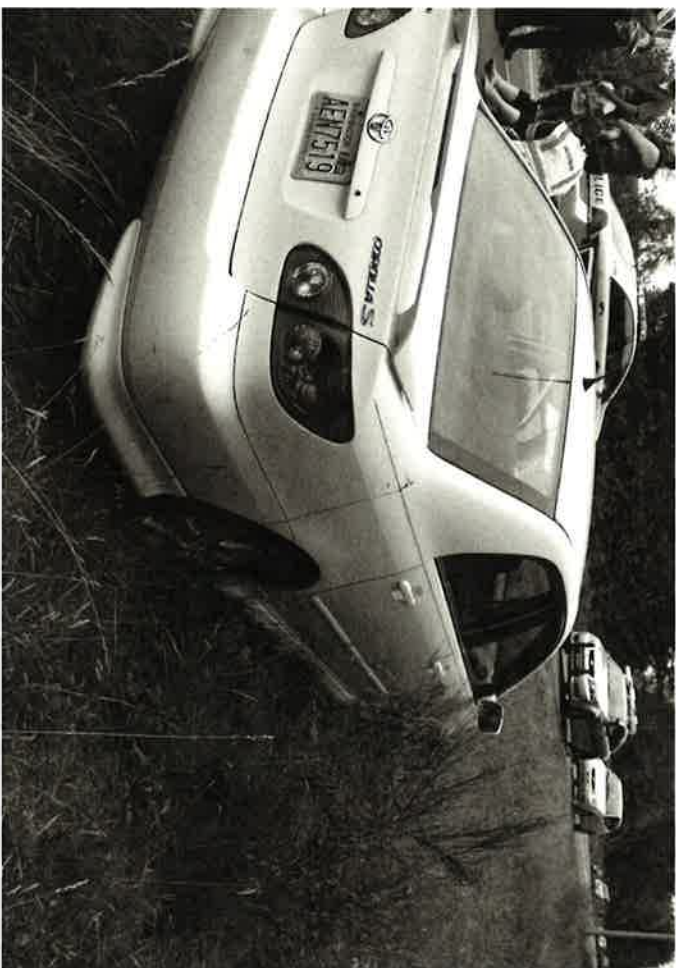
ORIGINAL



4-2



4-2



LOOKING NB

4-2

ORIGINAL

4-2

4-2



4-2



4-2



4-2

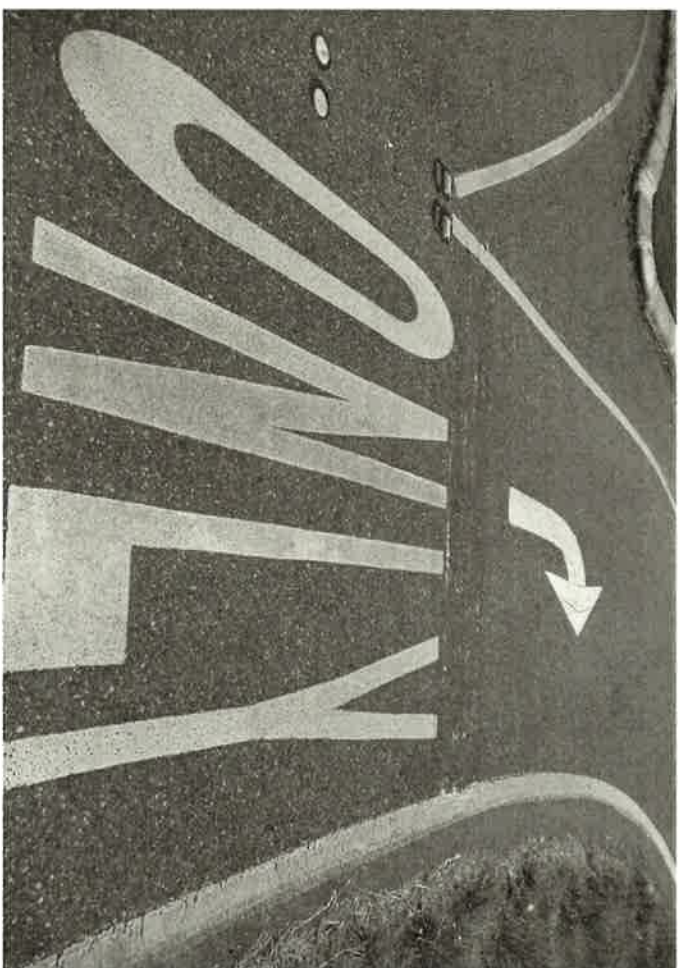




4-2



INTERSECTION / TRAFFIC CONTROL I-83 4TH ST & SR 9



4-2

ORIGINAL

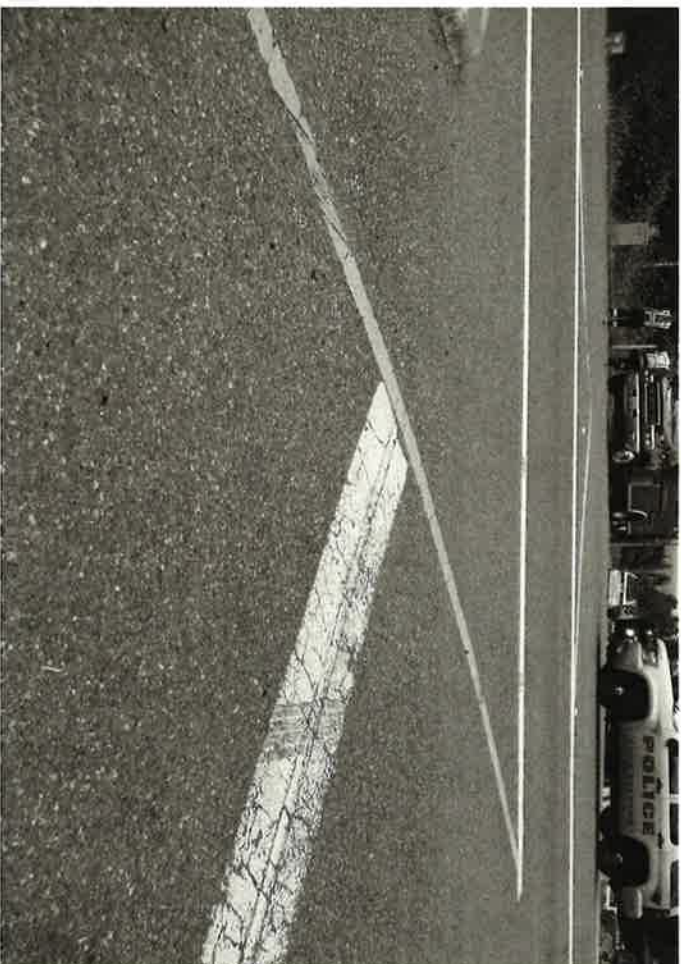
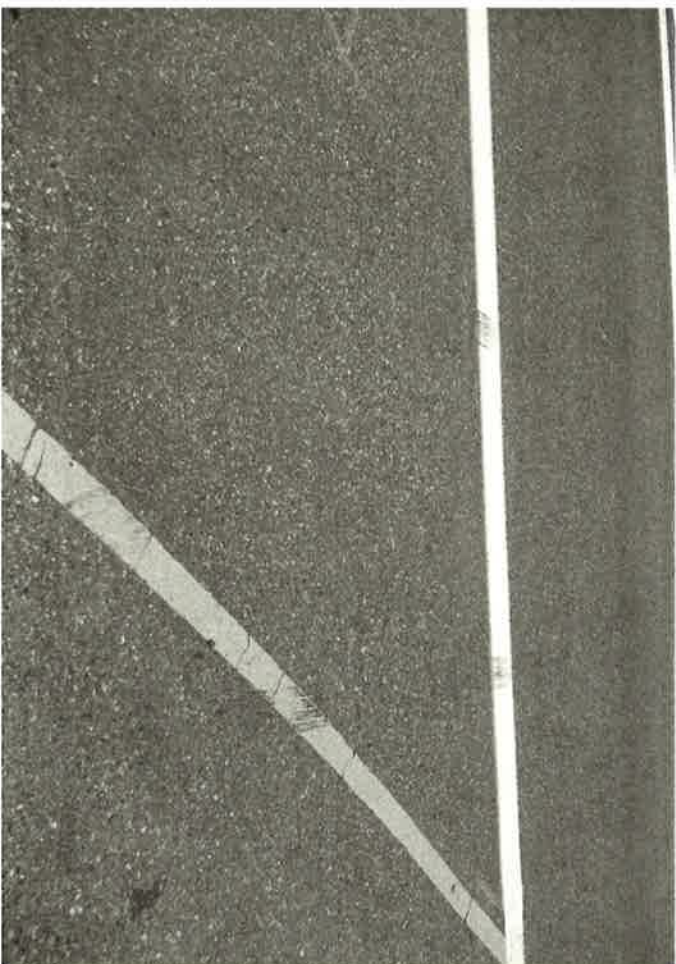
INTERSECTION / TRAFFIC CONTROL I-83 4TH ST & SR 9



1E8 4th St & S12 9



1E8 4th St & S12 9



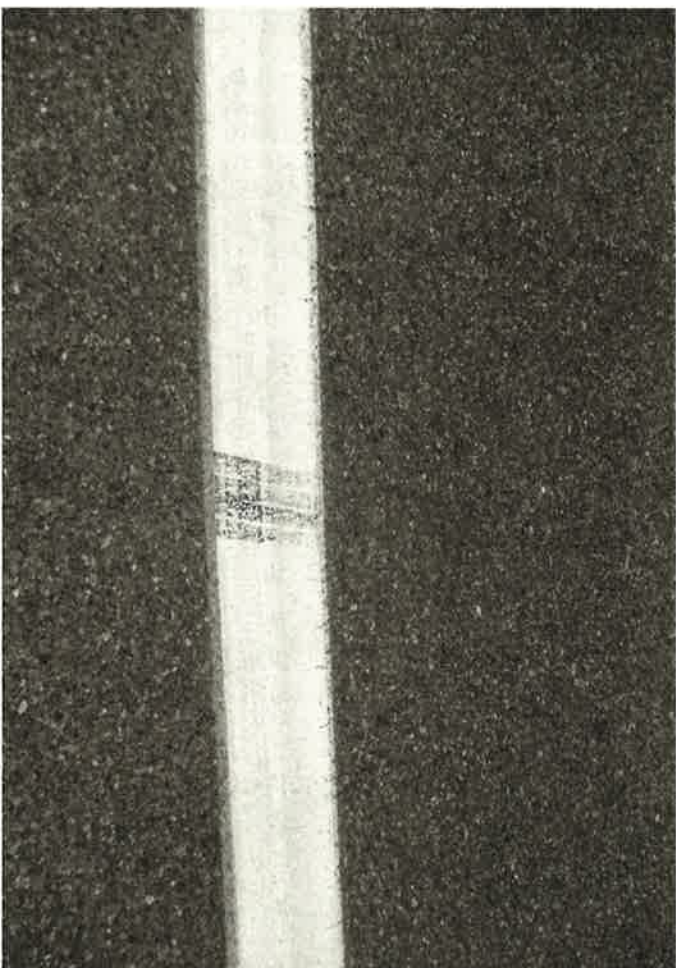
1E13 4th St & S12 9

1E13 4th St & S12 9

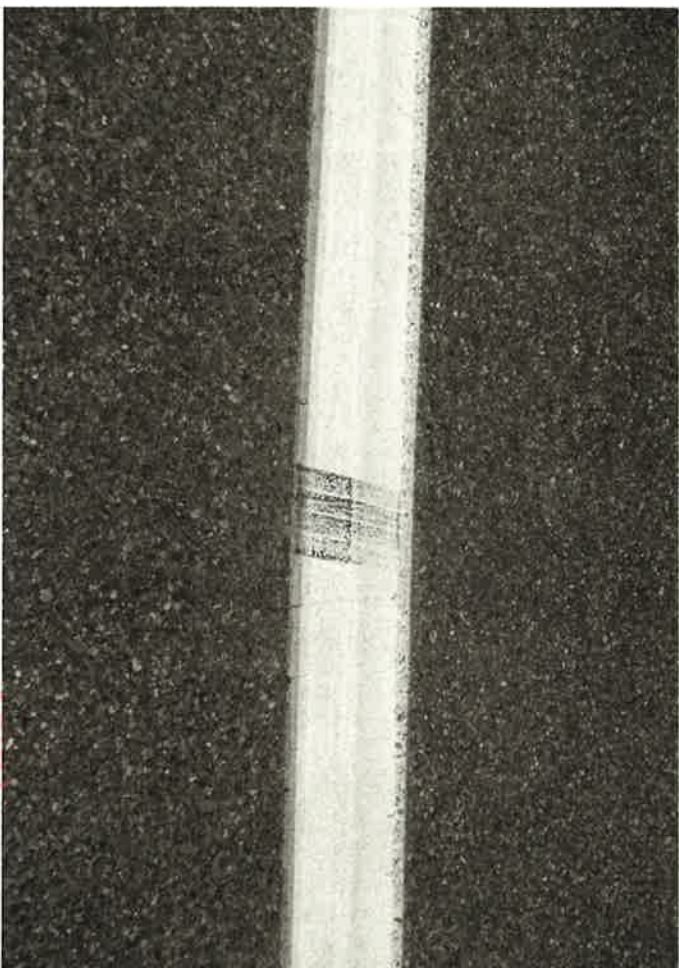
ORIGINAL



1273 4th St



1273 4th St



ORIGINAL

Looking NB SR 9 @ 4th St



Looking NB SR 9 @ 4th St



Looking S13 S12 9 & 4th St



U-1



Looking N13 S12 9 & 4th St



Looking S13 S12 9 & 4th St



4-1



UPD  
ORIGINAL



## EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**

AGENCY: **LAKE STEVENS PD**

COLLISION: **07/03/14 12:59 PM**

DISPATCH: **07/03/14 01:00 PM**

CASE#: **14-01532**

LOCATION: **SR 9 SE BN:400**

ARRIVAL: **07/03/14 01:04 PM**

**AT 4TH STREET SE**

NARRATIVE/NOTES:

**LSPD  
ORIGINAL**

UNIT 1:	<b>MOTOR VEHICLE -</b>	1994 FORD R10PU PLATE: B37636T (WA)	TOWED BY:
DRIVER: <b>MICHAEL R TUININGA</b>		VEH OWNER: <b>MICHAEL R TUININGA</b>	
ADDRESS: <b>5904 HIGHWAY PL APT 5 EVERETT, WA 982033749</b>		ADDRESS: <b>8604 11TH PL SE LAKE STEVENS, WA 98258</b>	
DL #: <b>TUINIMR140L3</b>		STATE: <b>WA</b>	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 2:	<b>MOTOR VEHICLE -</b>	2007 TOYOTA COR4D PLATE: AEN7519 (WA)	TOWED BY:
DRIVER: <b>LACY M MALLARE</b>		VEH OWNER: <b>LACY M MALLARE</b>	
ADDRESS: <b>2430 108TH AVE SE LAKE STEVENS, WA 982585176</b>		ADDRESS: <b>8412 6TH PL SE LAKE STEVENS, WA 98258</b>	
DL #: <b>MALLALM136CB</b>		STATE: <b>WA</b>	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-01532

TOW / IMPOUND  
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☒ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

## VEHICLE INFORMATION

VIN

1 F T C R 1 5 X 6 R P C 6 2 S S 8

LICENSE

B37636T

STATE

WA

YEAR

94

MAKE

FORD

MODEL

RANGER

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

PU

COLOR

BWHI

## DRIVER

NAME (LAST, FIRST, MI)

TUNINGA, MICHAEL R.

STREET ADDRESS

8004 11 PL SE

CITY, STATE, ZIP CODE

LAKESIDE, WA 98258

PHONE

DOB

6-23-86

## REGISTERED OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## AUTHORIZATION AND RECEIPT

ON THIS DATE OF 7/3/14 AT \_\_\_\_\_ (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE ANGEL TOWING

TO REMOVE THIS VEHICLE FROM 400 STATE ROUTE 9 SE (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

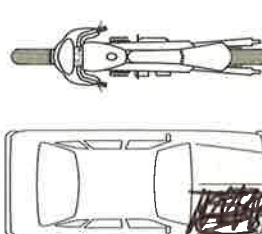
TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

5024-5

DATE

7-3-14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input checked="" type="checkbox"/> KEYS [ \ ] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [ ] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	FRONT R FRONT R SIDE R REAR L FRONT L SIDE L REAR REAR TOP UNDERCARRIAGE OTHER _____ 		IMPACT DAMAGE
INVENTORY/EVIDENCE		NARRATIVE OR DIAGRAM	
SUNGLASSES, MISC PERSONAL PROPERTY,		DRIVER, R10 DWLS 3, WARRANT	

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

SNOMISH

BADGE NO.

PIS

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

Received	07/03/14	12:59:22	BY SPCT08	SP0348
Entered	07/03/14	13:00:10	BY SPCT08	SP0348
Dispatched	07/03/14	13:00:36	BY SPDP17	SP0120
Enroute	07/03/14	13:00:36		
Onscene	07/03/14	13:04:05		
Closed	07/03/14	15:22:50		

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: J

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT

Src: 9

Loc: 4 ST SE/SR 9 SE, LKS (V)

Latitude: (+) 47.992821 Longitude: (-) 122.104515

Loc Info:

Name: LACY

Addr:

Phone: 4253442845

/1300	(SP0348)	ENTRY		,MVC , UNK INJS
/1300		CROSS		#AG14001856
/1300	(SP0120)	AGCADV		,BRDCST
/1300		DISPER	19D2	#SS115 THOR,OFFICER (ANDREW)
/1300	(SP0251)	SUPP		TXT: ANOTHER CALLER REPORTING SUBJS BLEEDING AND SCREAMING
/1300	(SP0120)	ASST	19S13	#SS95 MINER,SGT (ROBERT)
/1300		ASSTER	19R1	#SS130 RUTHERFORD,OFCR (RICH)
/1301		ENROUT	19S13	
/1301		ASSTER	19D1	#SS72 AUKERMAN,OFFICER (WAYNE) #SS127 ADAMS, OFFICER (NATHAN)
/1301	(SP0348)	SUPP		NAM: LACY, TXT: SIDE SWIPPED, 3 CHILDREN ALL CRYING, BOTH ON RIGHT HAND SIDE OF SR 9 , SUP
/1301	(SP0120)	AGCADV		
/1304		ONSCNE	19S13	
/1304		MISC	19S13	,1 VEH IN DITCH
/1304		MISC	19S13	,SHUT DOWN NB SR 9 SO 4
/1305		ONSCNE	19D2	
/1305		ONSCNE	19R1	[NB SR 9/4] , TO SHUT DOWN ROADWAY
/1306	(SS72 )	*ONSCNE	19D1	
/1312	(SP0120)	ASNCAS	19D1	\$SS14001532
/1314		REMINQ	19S13	VEH, 19S13, AEN7519,,,,,,,,,,,,,
/1314		MISC	19S13	, UNIT 2
/1314		REMINQ	19S13	VEH, 19S13, B37636T,,,,,,,,,,,,,
/1315		MISC	19S13	, UNIT 1
/1329	(SS72 )	REMINQ	19D1	MDTWANT, MALLARE, LACY, M, 020287,,,WA,,,,,,,,,,
/1330		REMINQ	19D1	MDTVEH, AEN7519,, WA,,,,,,,,,,
/1331		REMINQ	19D1	MDTWANT, TUININGA, MICHAEL, R, 062386,, WA,,,,,,,,,, ,,,''
/1332		REMINQ	19D1	MDTVEH, B37636T,, WA,,,,,,,,,,
/1334	(SP0368)	ROTREQ	19D1	TOW 5024 LKS ANGEL TRANSPORT & TOWING 3605680918 , 4 RND
/1335	(*****)	REMINQ	19D1	TUININGA. MICHAEL. R. 06231986..
/1335	(SP0368)	REMINQ	19D1	NAME, 19D1, TUININGA, MICHAEL, R, 06231986,,
/1335		MISC	19D1	, ANGEL TOW ER
/1339		MISC	19D1	, WARR CONF/SHIPPED TO COUNTY ON TUININGA
/1339		ASNCAS	19D1	\$SS14001533 ,FOR WARR
/1339		MISC	19D1	, 07/03/14 13:39:36 FROM ACCESS - DATABASE ID: WA CIC FOR UNIT: EVES0)WA0311900LOCATED EWW NAM/TU

/1340	(SS130 )	*CLEAR	19R1	D/D
/1345	(SP0368)	MISC	19D1	, 1 IC
/1354	(SS95 )	CLEAR	19S13	
/1355	(SP0120)	TRANS	19D1	[COUNTY JAIL]
/1401		CLEAR	19D2	
/1407		TRANS	19D1	[PROV CC]
				, FOR CLEAR TO BROOK
/1408		MISC	19D1	, CLEAR TO BOOK
/1418	(SS72 )	*TRANSC	19D1	
/1458	(SP0120)	TRANS	19D1	[COUNTY JAIL]
/1500	(SS72 )	*TRANSC	19D1	
/1522		*CLEAR	19D1	D/J
/1522		CLOSE	19D1	

LTD  
ORIGINAL